

**FLORIDA AIDS DRUG ASSISTANCE PROGRAM**  
**February 13, 2015 Statewide Conference Call Minutes**  
**10:00 AM – 10:40 AM**

**Counties Represented:** No roll call was taken

**ADAP Headquarters Participants:** Steven Badura, Joseph Cohen, Dianne Williams-Cox

**Future Marketplace Plan Premium Payments**

Once the initial premium payment has been made the client will receive information from the insurance carrier on how to submit subsequent premium payments. It is imperative that clients return with their billing information as soon as possible so you are able to fill in the following information in 6(b).

You will need to obtain this information from the client and enter the information on the verification page. After entering the information, click on the submit button at the bottom of the page to save data. To double check that the information has been saved close the verification page then reopen it.

6(a). For the Initial premium payment, enter the following required information:

Application ID:

Initial Premium Payment Amount:

Due Date for the first Premium Payment:

Estimated Effective Date of Coverage:

Pay Online: ☐ Pay by Check: ☒

Premium Payment should be sent to This Address:

City:

State:

Zipcode:

6 (b). For the Future premium payments, enter the following required information:

Policy Number:

Member ID:

Policy Effective Date:

Insurance Username:

Insurance Password:

Monthly Amount:

Due Date for Next Payment:

IF Quarterly Enter Full Amount:



A) POLICY NUMBER:

Populate from the carrier information client receives.

B) MEMBER ID:

Florida Blue – see member ID on documentation from carrier

United Healthcare – provides the member ID on their invoice

Molina – this carrier uses a 'Subscriber ID' that you should use for this field.

which a client will need to call Molina for this number or is listed on documents sent to client from the carrier.

C) POLICY EFFECTIVE DATE:

Confirm Date of Coverage

D) INSURANCE USERNAME

INSURANCE PASSWORD

Important: this is the log-in credentials for the client after logging into the carrier's website and NOT healthcare.gov

E) MONTHLY AMOUNT

Confirm this amount

F) DUE DATE FOR NEXT PAYMENT

You may enter the next month's date.

**CARRIER'S CUSTOMER REP NUMBERS**

**Florida Blue 1-855-805-8175**

**United HealthCare 1-800-708-2848**

**Molina 1-888-560-5716**

■ **Marketplace Payment Confirmation Page**

This page is still a work in progress and should be used as a reference as to when payment requests have been made. Confirmation of an actual payment will be captured by ADAP, with this feature being implemented in the near future.

■ **AICP CLIENTS AND THE HEALTH COUNCIL OF SOUTH FLORIDA (HCSF)**

HCSF will end its current contract with ADAP March 31, 2015. Has served AICP clients for a number of years. ADAP will be executing a new contract with new provider as soon as possible.

Information will be forthcoming to staff and clients.